#### **APPENDIX B**

#### AMENDED APPENDIX B TO MASTER CONSOLIDATED COMPLAINT

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY ABBOTT

NASIW			×		×	×	×						
PFTHW			×		×	×	×						
MAN	•		×		×	×	×						
OMIN			X	-	X	×			×				
THIWE			×		×	×	×						
TCBW	×		×		×	×	×		×			-	
UFCW			×		×	×	×						
Generic Name	methylprednisolone sodium succinate	amino acid	clarithromycin	calcitrol	divalproex sodium	erythromycin, enteric- coated	erythromycin base	fat emulsion	lansoprazole	acetylcysteine	acyclovir sodium	amikacin sulfate	cimetidine hydrochloride
Brand Name (frapplicable)	A-Methapred	Aminosyn	Biaxin*	Calcijex	Depakote*	Ery-tab	Erythromycin	Liposyn II	Prevacid				
Manufacturer	ABBOTT												

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY AMGEN

NASI	X		X	X		×
UECW TOBW THWE CMHV MAN PFTH NASI						
MAN						
CMHV						×
<b>JAMHI</b>		X	X	X		×
TCBW						×
UFCW	X	X	×	×	×	×
Generic Name	darbepoetin alfa albumi	etanercept	epoetin alfa	anakinra	pegfilgrastim	filgrastim
Brand Name (ffapplicable)	Aranesp	Enbrel	Epogen	Kineret	Neulasta	Neupogen
Manufacturer	AMGEN					

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY ASTRAZENECA

						_							
NASIW	X		×	X	X		X	×	×	×	×	×	×
BELLIW	×		×	X	X		X	X	×	×	×	×	×
WAN		X	X	X	X			X		×	×	×	×
СМНУ	×		X	X	X			X		×		×	×
THWE	X		X	X	X		X	X	X	X	×	×	X
TCBW	×		×		X		X	X		X	X	×	X
UFCW	×		×	X	X		X	X	X	X	X	X	X
Generic Name	zafirlukast	anastrozole	candesartan cilexetil	candesartan cilexetil- hydrocholorothiazide	bicalutamide	propofol	budesonide	esomeprazole magnesium	tamoxifen citrate	omeprazole	budesonide (inh)	budesonide (nasal)	quetiapine fumarate
Brand Name (if applicable)	Accolate*	Armidex*	Atacand*	Atacand HCT*	Casodex*	Diprivan	Entocort*	Nexium*	Nolvadex*	Prilosec*	Pulmicort*	Rhinocort*	Seroquel*
Manufacturer	ASTRAZENECA												

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

Toprol*	metoprolol succinate	×	×	×	x	×	×	×
Zestril	lisinopril	×	×	×	×	×	×	×
Zoladex	goserelin acetate			×				
Zomig*	zolmitriptan	×	×	×	Х		X X X	X

X Denotes purchase of the particular drug by Plaintiff

### OF DRUGS MANUFACTURED/DISTRIBUTED BY THE AVENTIS GROUP PURCHASES MADE BY PLAINTIFFS

NASIW	×	×	×	×	×	×		×	×		×	×	
PFTHW	×	X	X	X	×	×		×	×		×	×	
MAN	X	X	X			×			×			X	
CMHV	×	X	X	X	×	×	×				×	×	
THWE	×	×	×	X	×	×		×				×	
TCBW	×	×	X			×		×	×		×	×	
UFCW	×	×	X	×	×	×		×			-	×	
Generic Name	fexofenadine	fexofenadine pseudoephedrine	glimepiride	dolasetron mesylate	leflunomide	triamcinolone aceonide (inh)	calcitonin salmon	sucralfate	diltiazem	immune globulin	cromolyn sodium	triamcinolone acetonide (nasal)	docetaxel
Brand Name (if applicable)	Allegra *	Allegra-D*	Amaryl	Anzemet*	Arava*	Azmacort*	Calcimar	Carafate*	Cardizem	Gammar- PI.V	Intal	Nasacort*	Taxotere
Manufacturer	AVENTIS GROUP (Aventis, Pharma, Hoechst & Behring)												

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

X	
×	
X	
X	
X	
pentoxifylline	
Trental*	

X Denotes purchase of the particular drug by Plaintiff

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY BAXTER

ASIW													
A								_					
PFTE		×											
MAN													
CMHV		X											
TCBW THWF CMHV MAN PFTHW NASIW		X											
TCBW		×											
UFCW		×											
			temic)		nan)	u	ulin			ulin iv			
Generic Name		pam	factor ix (systemic)	esmolol hcl	albumin (human)	cephalosporin (Systemic)	immune globulin solution			Immune globulin iv		viii	
Ο		lorazepam	factor	esmol	album	cepha (Syste	immune solution			Immn		factor viii	
ame ible)			H				rd		fex	Z		ate	
Brand Name (if applicable)	Aggrastat	Ativan	Bebulin VH	Brevibloc	Buminate	Claforan	Gammagard S/D	Gentran	Holoxan/ifex	Iveegam EN	Osmitrol	Recombinate	Travenol
	Agi	Ati	Bet	Bre	Bur	Cla	Gam S/D	Ger	Hol	Ive	Osr	Rec	Tra
furer													
Manufacturer	BAXTER												
	BA												

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

							×
×							X
×							
							X
							×
							X
Vancomycin hydrochloride	cisplatin	dextrose	dextrose sodium chloride	doxorubicin hel	gentamicin	heparin	sodium chloride
Vancocin HCl							

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY BAYER

UECW TCBW THWF CMHY MAN PETHW NASIW	X	X					
PFTHW	X	X					,
MAN	X	X					
CMHIV	X						
THWF	X		,				
TCBW	X						
UECW	×						
Generic/Name	ciprofloxacin or ciprofloxacin hcl	ciprofloxacin hcl- ciprofloxacin betaine	dacarbazine	immune globulin (human) iv	antihemophilic factor (human)	antihemophilic factor (recombinant)	plicamycin
Brand Name (if applicable)	Cipro	Cipro XR	DTIC-Dome	Gamimune N	Koate-HP	Kogenate	Mithracin
Manufacturer	BAYER						

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

### OF DRUGS MANUFACTURED/DISTRIBUTED BY THE BOEHRINGER GROUP PURCHASES MADE BY PLAINTIFFS

NASIW	×				_			X			
PFTHW	X										
MAN											
THWF CMHV MAN PFTHW NASIW	×				!						
THWE	×										
TOBW											
UFCW	×										
Generic Name	nevirapine	acycolvir sodium	amikacin sulfate	cytaribine	doxorubicin hydrochloride	etoposide	leucovorin calcium	methyltraxate sodium	mitomycin	vinblastine	vinblastine sulfate
Brand Name (if applicable)											
Manufacturer	BOEHRINGER GROUP (Boehringer, Ben Venue, Bedford)										

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY BRAUN

NASIW					X		
UECW TOBW THWE CMHY MAN PETHW NASIW					×		
MAN							
CMHV							
THWE						×	
TOBW						X	
UFCW						X	
Generic Name	dextrose	dextrose in lactated ringers	dextrose w/ sodium chloride	heparin sodium (porcine) in d5w	sodium chloride	sodium chloride (gu irrigant)	
Brand Name (if applicable)							
Manufacturer	BRAUN						

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY THE BMS GROUP

NASIW	×		X		×	×	X		×	×	×	X	
PFTHW NASIW	×		X		×	×			X	X		X	;
MAN	X		×		X				X	X	X	X	
CMHV			×	·	×	×			X	×		X	
THWE	×		×	X	×	×	X		X	X	×	Х	
TCBW	×		×		×	×			X	×		X	
UFCW	×	×	×		×	×	×		X	×	×	×	
Generic Name	irbesartan	bleomycin sulfate	buspirone hcl	paraplatin	cefprozil	warfarin sodium	cyclopho-sphamide	etoposide phosphate	meformin hcl	fosinopril sodium	fosinopril sodium & hydrochloro-thiazide	clopidogrel bisulfate	doxorubicin hel
Brand Name (ifapplicable)	Avapro	Blenoxane	Buspar*	Carboplatin	Cefzil*	Coumadin*	Cytoxan	Etopophos	Glucophage*	Monopril*	Monopril HCT	Plavix	Rubex
- Manufacturer	BMS GROUP												

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

×		×	×	X		
X		×		X		
×		×		×		
×						1
×		×	×	×		
×		×				
×		×	×	×		
nefazodone hcl	paclitaxel	gatifloxacin	etoposide	didanosine	amikacin sulfate	amphotercin b
Serzone*	Taxol	Tequin*	Vepesid	Videx EC		

X Denotes purchase of the particular drug by Plaintiff

### PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY DEY

NASIW		×	×	X	
UFCW TOBW THWF CMHV MAN PFTHW NASIW	X	X		X	
MAN		X			
CMHV					
THWE	×	×	×	X	
TCBW		X		X X X	
UFCW	X	×	×	×	
Generic Name	acetylcysteine	albuterol or albuterol sulfate	cromolyn sodium	ipratropium bromide	metaproterenol sulfate
Rand Name (if applicable)					
Manufacturer	DEY				

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

### OF DRUGS MANUFACTURED/DISTRIBUTED BY THE FUJISAWA GROUP PURCHASES MADE BY PLAINTIFFS

NASIW	×			X				X				
TGBW THWF CMHY TMAN PETHW NASIW	×			X				X				
MAN				×								
CMHV	×			×				×				
THWF				×				×				
TGBW				×								
UFCW				×				×				
Generic Name	triamcinolone, triamcinolone diacetate or triamcinolone acetonide	triamcinolone hexacetonide	ceftizoxime sodium or ceftizoxime in d5w	amcinonide	vancomycin hydrochloride	pentamidine isothionate	pentamidine isothionate	tacrolimus	vinblastine sulfate	acyclovir sodium	dexamethasone sodium phosphate	doxorubicin hydrochloride
Brand Name (if applicable)	Aristocort	Aristospan	Cefizox	Cyclocort	Lyphocin	Nebupent	Pentam 3000	Prograf				
Manufacturer	FUJISAWA GROUP (Fujisawa, Pharmaceutical, Fujisawa Healthcare	& Fujisawa USA)										

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

	×
fluorouracil	gentamicin sulfate

X Denotes purchase of the particular drug by Plaintiff

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY THE GSK GROUP

NASIW	×	×	X	X	X	X			×
CMHV MAN PFTHW NASIW	X	X	X	X	X	X	X		X
MAN	X			×	×	×	×		
CMHV	X			X	×	×	X		
THWF	X		X	X	×	X	X		X
TCBW	X		X	X	X	X			
UFCW	×	×	X	×	×	×	×	X	×
Generic Name	salmeterol- fluticasone	amprenavir	melphalan	naratriptan succinate	beclomethasone dipropionate monohydrate	cefuroxime axetil	lamivudine- zidovudine	pyrimethamine	lamivudine
Brand Name (if applicable)	Advair Diskus	Agenerase*	Alkeran*	Amerge*	Beconase AQ*	Ceffin*	Combivir*	Daraprim*	Epivir*
Manufacturer	GSK GROUP (GlaxoSmithKlin e,	SmithKline, Beecham, Glaxo	Welcome)						

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

×	×	×		×	×	×	×			×
×	X	X	×	×	×		×			×
×	×	×	×		×					×
	×	×		X	×					X
×	×	×	×	×	×	×	×			×
×	×	×		×	×					X
×	×	×	×	×	×	×	×			×
fluticasone propionate (nasal)	fluticasone propionate (inh)	sumatriptan or sumatriptan succinate	granisetron hcl	lamotrigine	digoxin	chlorambucil	atovaquone	busulfan	vinorelbine tartrate	paroxetine hcl
Flonase*	Flovent*	Imitrex*	Kytril	Lamictal*	Lanoxin*	Leukeran*	Mepron*	Myleran*	Navelbine	Paxil*

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

×			×	×	×	×	×	×	×	X	
×	X	X	×	×	X	×	×	×	X	×	
			×	×	×		×	×			
			×		×	×	×	×		X	
×	×	×	×	×	×	×	×	×	X	X	
×	×		X		×	×	×	×		X	
×	×	×	×	×	×	×	×	×	X	X	
mercaptopurine	zanamivir	zidovudine	salmeterol xinofoate	abacavir sulfate- lamivudine- zidovudine	valacyclovir hel	albuterol sulfate	bupropion hel	rantidine hydrochloride	abacavir sulfate	ondansetron hcl	
Purinethol*	Relenza*	Retrovir*	Serevent*	Trizivir*	Valtrex*	Ventolin HFA*	Wellbutrin*	Zantac	Ziagen	Zofran*	
			:								

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

X		4	< 
	×	×	×
Zyban* buproprion hcl X	×	×	
thioguanine		×	×

X Denotes purchase of the particular drug by Plaintiff

### OF DRUGS MANUFACTURED/DISTRIBUTED BY HOFFMAN-LA ROCHE PURCHASES MADE BY PLAINTIFFS

NASIW	X		×
PFTHW	×		×
MAN	×		
CMHV			
THWE	×		×
rcbw	х Х		
UFCW	X		X
Generic Name Urcw	mycophenolate mofetil	mycophenalate mofetil hcl	granisetron hcl
Brand Name (if applicable)	Cellcept	Cellcept IV	Kytril
Manufacturer	HOFFMAN-LA Cellcept ROCHE		

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

# OF DRUGS MANUFACTURED/DISTRIBUTED BY IMMUNEX

NASIW	•				X
PFTHW					
MAN	-				
CMHV					
THWF				×	X
TCBW					
UFCW. TCBW THWF CMHV MAN PFTHW NASIW			X		X
Generic Name	sagramostin	mitoxane hydrochloride	lyophilized thiotepa	leucovorin calcium	methotrexate sodium
Brand Name (if applicable)	Leukine	Novantrone	Thioplex		
Manufacturer	IMMUNEX				

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

### OF DRUGS MANUFACTURED/DISTRIBUTED BY THE JOHNSON & JOHNSON GROUP PURCHASES MADE BY PLAINTIFFS

NASIW	×	×	×	X	×	×	×	X
PFTHW		X	X	X		X	X	X
	X		X				X	X
THWF CMHV MAN	X		X			X	X	X
THWF	X		X	X	X	X	X	X
UDGB.W	X		×	X			X	
UFCW	X	×	×	X	X	X	X	×
Generic Name	rabeprazole sodium	sodium citrate & citric acid	fentanyl	pentosan polysulfate sodium	erythromycin	cyclobenzaprine	ofloxacin	griseofulvin microsize
III Brand Name (if applicable) :: (if applicable)	Aciphex*	Bicitra*	Duragesic*	Elmiron*	Erycette*	Flexeri1*	Floxin*	Grifulvin*
Manufacturer	JOHNSON & JOHNSON GROUP	Centocor)						

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

×		X	X	×	X	X	X	X	X	
		×		×	×	X	×		X	
		×								
		×	×	×	×	X			X	
×		X	X	×	×	X	×	X	X	
		×	×	×						
×	×	×	×	×	×	×	×	X	×	
haloperidol lactate	haloperidol decanoate	levofloxacin	miconazole nitrate	clotrimazole	amylase-lipase- protease	chlorzoxazone	potassium & sodium citrates w/ citric acid	epoetin alfa	becaplermin	
Haldol*	Haldol Decanoate*	Levaquin*	Monistat*	Mycelex*	Pancrease*	Parafon Fort*	Polycitra*	Procrit	Regranex*	Remicade

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

		,								
×	×	×	×	×	X	X	×	X	×	X
×	×	×	×	×	×	×	×	X		X
			×	×	X		×			X
		×	×	×	X	X	×	X	X	X
×	×	×	×	×	X	×	×	X	×	X
	×	×	×	×	X	×	X	X		X
×	×	×	×	×	×	×	×	×	×	X
galantamine hydrobromide	tretinoin	tretinoin	tretinoin microsphere	risperidone	econazole nitrate	itraconazole	terconazole vaginal	testosterone	tolmetin sodium	topiramate
Reminyl*	Renova*	Retin-A*	Retin-A Micro*	Risperdal*	Spectazole*	Sporanox*	Terazol*	Testoderm*	Tolectin*	Topamax*

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

×	X	X	X	X	
×	X	X	X		X
		X	X	_	
×	X		X		
×	X	×	X		
×		×	X		
×		×	X	×	X
acetaminophen w/ codeine		tramadol- acetaminophen	tramadol hel	flavoxate hydrochloride	bepridil hcl
Tylox*	Tylenol with codeine	Ultracet*	Ultram*	Urispas	Vascor*

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

# OF DRUGS MANUFACTURED/DISTRIBUTED BY NOVARTIS

NASIW		X	X	X	X	×	X		X
PFTHW NASIW	X	X	X	X	X	X	X		X
MAN		×					X		×
СМНУ		×	×	×			X		×
THWF	X	X		×	X	X	X		×
TCBW	×	X		×			×		×
UFCW	×	×	×	×	×	×	×		×
Generic Name	clozapine	estradiol & norethindrone acetate	entacapone	estradiol	rivastigmine tartrate	letrozole	terbinafine hcl	clofazimine	fluvastatin sodium
Brand Name (if applicable)	Clozaril*	Combipatch*	Comtan*	Estraderm*	Exelon*	Femara*	Lamisil*	Lamprene*	Lescol*
Manufacturer	NOVARTIS								

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

×	×	×	×	X	X	×	X	X	X	×
×	×	X	X	X	X	×	X	X	X	X
×		×	X	×		×	×	X	X	X
×	X	X	X		X		X			X
×	×	×	X	X	X	×	×	X	X	X
×		X		×		×	×	X		
×	×	×	×	×	×	×	×	X	×	X
benazepril hcl	benazepril & hctz	amlodipine besylate-benazepril hcl	calcitonin (salmon)	bromocriptine mesylate	methylphenidate hcl	nateglinide	carbamazepine	oxcarbazepine	estradiol	estradiol
Lotensin*	Lotensin HCT*	Lotrel*	Miacalcin*	Parlodel*	Ritalin*	Starlix*	Tegretol*	Trileptal	Vivelle	Vivelle-DOT

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY PFIZER

NASIW	X	×	X	X	×	X	×	×	X	×
PFTHW	X	X	X	X	X	X	X	X	X	X
MAN		X		X	X		X	X	X	X
CMHV	X	X	X	X	X		X	X	×	X
THWF	X	X	X	X	X	X	X	X	X	X
TCBW	X	X	×	X	X		×	×	×	X
UFCW	×	×		×	×	×	×	×	×	×
Generic Name	Quinapril hcl	Doxazosin mesylate	norethindrone- ethinyl estradiol-fe	ethinyl estradiol- norethindrone acetate	atorvastatin calcium	phenelzine sulfate	gabapentin	azithromycin	sertraline hcl	cetirizine hcl
Brand Name (if applicable)	Accupril	Cardura	Estrostep FE	Femhrt 1/5	Lipitor	Nardil	Neurontin	Zithromax	Zoloft	Zyrtec
Manufacturer	PFIZER									

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

### OF DRUGS MANUFACTURED/DISTRIBUTED BY THE PHARMACIA GROUP PURCHASES MADE BY PLAINTIFFS

NASIV				×	×		×		×	
PFTHW				×	×					
MAN				×	×					
СМНУ				×	X		×			
THWF		·	ì	×	X		X		X	X
UFCW TCBW THWF CMHY MAN PETHW NASIW				X	X		×			
UFCW				X	X		×		X	X
Generic Name	doxorubicin hydrochloride	fluorouracil	amphotericin b	clindamycin phosphate (topical)	celecoxib	cytarabine	testosterone cypionate	cyclophospamide	hydrocortisone sodium succinate	methylprednisolone sodium succinate
Brand Name (if applicable)	Adriamycin	Adrucil	Amphocin	Cleocin-T	Celebrex	Cytosar-U	Depo- Testosterone	Neosar	Solu-Cortef	Solu-Medrol
Manufacturer	PHARMACIA GROUP	(Pharmacia and Pharmacia &Upjohn)								

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

Toposar	etoposide				
Vincasar	vincristine sulfate				
	bleomycin sulfate				

X Denotes purchase of the particular drug by Plaintiff

### OF DRUGS MANUFACTURED/DISTRIBUTED BY THE SCHERING-PLOUGH GROUP PURCHASES MADE BY PLAINTIFFS

NASIW	×	×	×	X	_	X				×	X	×
PFTHW	X	X	X	X	X	X				X	X	
MAN	×	×	×	X	_	X				X	X	×
CMHV		X	X	X		X			X	X	X	
THWF	×	×	X	X	X	X	X			X	X	×
TCBW	X	X	X	X		X				×	X	
UFCW	×	×	×	X	X	X	X		X	X	X	×
Generic Name	desloratadine	loratadine	loratadine & pseudoephedrine	aug betamethasone dipropionate	betamethasone dipropionate	mometasone furoate	flutamide	eptifibatide	interferon alfa-2b	clotrimazole w/ betamethasone	mometasone furoate (nasal)	peginterferon alfa- 2b
Brand Name (ifapplicable)	Clarinex	Claritin	Claritin-D	Diprolene	Diprosone	Elocon	Eulexin	Integrilin	Intron-A	Lotrisone	Nasonex	Peg-Intron
Manufacturer	SCHERING- PLOUGH GROUP	(Schering- Plough and Warrick)										

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

×	X		×	×	×	×	X	X			×			×
×	X		×	×	X						×	X		×
×	×				X						×			×
×					X						X	X		X
×	×	X	X	X	X						X			
×					X	X			×	×	×			
×	×	×	×	×	X						×			
albuterol	ribavirin	sulfacetamide sodium	temozolomide	azatadine & pseudoephedrine	beclomethosone (nasal)	clotrimazole	griseofulvin ultramicro crystalline	oxaprozin	perphenazine	theophylline	albuterol	sodium chloride	ismn	potassium chloride
Proventil	Rebetol	Sebizon	Temodar	Trinalin Rep	Vanceril						:			

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

sulcrafate

X Denotes purchase of the particular drug by Plaintiff

#### PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY THE SICOR GROUP

NASIW									
THWF CMHV MAN PFTHW NASIW									
MAN									
CMHV									
THWE		ï					:		
TCBW					,				
UFCW									X
Generic Name	acyclovir sodium		amikacin sulfate	amphotericin b	doxorubicin hydrochloride	etoposide	leucovorin calcium	pentamidine isethionate	tobramycin sulfate
Brand Name (If applicable)									
Manufacturer "	SICOR GROUP (Sicor, Gensia	and Gensia- Sicor)							

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

## PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY TAP

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW		THWF	L CMHV	MAN	PFTHW	NASIW
TAP	Prevacid	lansoprazole	×	X	X	×	×	×	×

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

# PURCHASES MADE BY PLAINTIFFS OF DRUGS MANUFACTURED/DISTRIBUTED BY WATSON

NASIW					X	X		X		X			
CMHV MAN PFIHW NASIW						X		X		X			
MAN						×		×					
CMIHV				X	X		×						
THWF			×		×	×	×	×					
TCBW THWF					×			×					
UFCW		×	×		×	×	×	×		×		×	×
Generic Name	sodium ferric gluconate complex in sucrose injection	iron dextran	dexamethasone acetate	dexamethasone sodium phosphate	diazepam	estradiol	gentamicin sulfate	lorazepam	propanolol hcl	ranitidine hcl	vancomycin hcl	fluphenazine hcl	gemfibrozil
Brand Name (if applicable)	Ferrlecit	InfeD											
Manufacturer	WATSON												

X Denotes purchase of the particular drug by Plaintiff

<sup>\*</sup> Denotes drug covered by Together Rx Program.

			×
			×
	X		
	X		X
imipramine hcl	nadolol	perphenazine	verapamil hcl

X Denotes purchase of the particular drug by Plaintiff